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# 22

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## Housing for Disabled Survey

Housing must provide accurate information to Congress and the public concerning the inventory of affordable multifamily housing units reserved for the elderly and disabled. To assist in this effort, users can access the *Housing for Disabled Survey*, from the sidebar. Since the data is obtained from owners or management agents, it is important that users enter the information in REMS exactly as it is presented. The original survey form will be kept on file; however, REMS will be used for storing and reporting this data.

### Objectives:

*By the end of this chapter, you will be able to:*

- *Enter Survey Data*
- *Identify Missing Survey Information*
- *View an electronic copy of the survey*

## 22.1 Housing for Disabled Survey

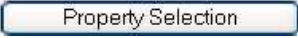

REMS users can enter survey data obtained from the owner or management agent. The survey information will be used to provide accurate information to Congress and the public concerning the inventory of affordable Multifamily housing units reserved for the elderly and disabled.

The survey module contains six screens:

- **Housing for Disabled Survey List**- This screen lists all surveys related to the property, including all completed surveys and the current survey, which may be in progress and incomplete. Data in the *Survey-Date Signed* column serves as a link to the following screens.
- **Current Reviewer Cover Sheet**-This screen is view-only and displays review type information about the property. Its purpose is to give project managers conducting the survey interview a more accurate view of the property.
- **Section I Occupancy**-This is a data entry screen that allows users to enter data specific to the type of occupancy and the number of units occupied.
- **Section II Accessible Units**-This is a data entry screen that allows users to enter data related to the number of units by bedroom size.
- **Section III Program Accessibility**-This is a data entry screen that allows users to enter information pertaining to program accessibility.
- **Review Survey Result for Final Submission**- This screen displays all values entered into the survey and identifies all missing data, indicating whether the field is required or not.

The new survey information can be viewed by all users but can only be edited by the following roles: SPM, PM, BPM, SCA, PBCA, BCA, MFD and PA. Users with these roles must also be assigned to the property to enter or edit a survey.

**To access the Housing for Disabled Survey screen:**

1. From the REMS home page, click on .
2. Enter search criteria in either of the two fields:
  - Property ID
  - Contract
2. Click on  and the **Baseline** screen displays.

3. Click on the desired Property ID link in the table and the **Property** screen displays.
4. Click on the *Housing for Disabled Survey* link on the sidebar and the **Housing for Disabled Survey** screen displays.

**To exit the Housing for Disabled Survey screen:**

Click on your next screen selection in the sidebar.


**Alternative Option**

Click on the *Baseline* link on the sidebar to select a property from a previously retrieved portfolio list.


**Alternative Option**

Click on  to select a new property.

**Alternative Option**

Click on  to generate a report or add a property.

**Alternative Option**

Click on  to return to the Secure Systems menu screen.

**Alternative Option**

Click on  to exit REMS.


Property ID:  Contract #:  FHA #:

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## Housing for Disabled Survey List

Survey - Date Signed	Completion Status	Last Update by	Last Update at
----------------------	-------------------	----------------	----------------

Figure 1. Housing for Disabled Survey List Screen

 **NOTE:** Once you have begun entering data for a survey you can continue to enter information until you have saved the completed record. While a survey is in progress  is unavailable. Once the completed record is saved, the survey becomes view only. Surveys are completed once a year.


**To add a new survey:**

1. From the **Housing for Disabled Survey List** screen, click on  and the **Multifamily Housing Inventory Survey (Cover Sheet)** screen displays.

<a href="#">Current Reviewer Cover Sheet</a>	<a href="#">Section I Occupancy</a>	<a href="#">Section II Accessible Units</a>	<a href="#">Section III Program Accessibility</a>	<a href="#">Review Survey Result for Final Submission</a>
<a href="#">Go To Printable Page</a>				
<b>Multifamily Housing Inventory Survey (Cover Sheet)</b>				
Property ID: 800000007 Property Name: Maple Trace				
Property Address: 49320432 long address suite				
Address: 1000000000000000 Tombstone AZ USA 89999-8995				
<b>To be completed by Reviewer</b>				
Name of Owner/General Partner: <u>The Hon. Nichol Smirnov</u>				
Address of Owner/General Partner: <u>1 main st vancouver 00</u>				
Name of Management Agent: <u>The Hon. Nichol Smirnov</u>				
Address of Management Agent: <u>1 main st vancouver 00</u>				
<input type="checkbox"/> Elderly, <input type="checkbox"/> Disabled, <input type="checkbox"/> Elderly and Disabled <input type="checkbox"/> Family				
Total Number of Units: <u>96</u> Total Assisted Units: <u>0</u>				
Type of Federal Financial Assistance				
<input type="checkbox"/> Section 8 <input type="checkbox"/> Section 202 <input type="checkbox"/> Section 202/8 <input type="checkbox"/> Section 202/PAC				
<input type="checkbox"/> Section 202 PRAC <input type="checkbox"/> Section 811 <input type="checkbox"/> Section 221(d)(3)BMIR <input type="checkbox"/> Section 236				
Number of Units of Each Type/Size:				
0 BR: <u>0</u> 1 BR: <u>24</u> 2 BR: <u>48</u> 3 BR: <u>24</u> 4 BR: <u>0</u> 5 BR: <u>0</u> 6+BR: <u>0</u>				
Date of First Occupancy: 6/17/1968				
Residents Manager's unit: <input type="checkbox"/> Yes <input type="checkbox"/> No				
504 Service Coordinator by Property: <input type="checkbox"/> Yes <input type="checkbox"/> No				
Reviewed by: <input type="checkbox"/> Housing <input type="checkbox"/> PBCA <input type="checkbox"/> CA				
Reviewer: _____				
Date: _____				
Phone: _____				
<a href="#">Current Reviewer Cover Sheet</a>	<a href="#">Section I Occupancy</a>	<a href="#">Section II Accessible Units</a>	<a href="#">Section III Program Accessibility</a>	<a href="#">Review Survey Result for Final Submission</a>

Figure 2. Multifamily Housing Inventory Survey (Cover Sheet) Screen

2. View data.

 *Note: Information that is housed in REMS or was entered on a previous survey will populate the cover sheet. The data on the cover sheet is view only. However, there are links to additional screens to enter survey data.*

3. Click on  link and the **Section I Occupancy** screen displays.



<a href="#">Current Reviewer Cover Sheet</a>	<a href="#">Section I Occupancy</a>	<a href="#">Section II Accessible Units</a>	<a href="#">Section III Program Accessibility</a>	<a href="#">Review Survey Result for Final Submission</a>
--	---	---	---	---

Property ID: 800219361      Property Name: Maple Trace  
Property Address: 1302 6TH PL S PHENIX CITY AL USA 36869

**SECTION I - OCCUPANCY**

This property was designed primarily for:

☐ Exclusively Elderly     
 ☐ Exclusively Disabled     
 ☐ Elderly and Disabled     
 ☐ Family

Indicate the number of units currently occupied by client group below:

Exclusively Elderly	<input type="text"/>	Exclusively Disabled	<input type="text"/>
Elderly and Disabled	<input type="text"/>	Near Elderly-Disabled	<input type="text"/>
Family	<input type="text"/>		

Is there a use agreement or any other document that indicates that this property must serve only elderly tenants?

☐ Yes     
 ☒ No     
 ☐ Unknown

If Yes Specify  Date of Document --

If this project is a "covered Section 8 housing project" (see instructions), is there an occupancy preference for the elderly in accordance with Section 651 of Title VI, Subtitle D of the Housing and Community development Act of 1992? ☐ Yes ☒ No

If yes, please indicate:

Date of the elderly preference: --

Number of units that must be reserved for occupancy by non-elderly persons with disabilities:  , and

Date used to determine the number of units reserved for non-elderly persons with disabilities: --

Is there an occupancy restriction for the elderly in accordance with Section 658 of Title VI, Subtitle D of the Housing and Community Development Act of 1992? ☐ Yes ☒ No

Total Number of Units Exclusively for the Elderly:

Total Number of Units Exclusively for Persons with Disabilities:


Total Number of Units that must be occupied only by Non-Elderly Persons with Disabilities:

Signature Name:  Date Signed: --


<a href="#">Current Reviewer Cover Sheet</a>	<a href="#">Section I Occupancy</a>	<a href="#">Section II Accessible Units</a>	<a href="#">Section III Program Accessibility</a>	<a href="#">Review Survey Result for Final Submission</a>
--	---	---	---	---


Figure 3. Section I - Occupancy Screen

1. Enter the requested information exactly as it appears on the paper survey.


 *NOTE: The following rules apply to this screen:*

- *The number of units currently occupied by client group must be a number and the section must have at least one entry.*
- *All dates must be entered in the mm/dd/yyyy format and cannot be a future date.*
- *If a use agreement exists, the document type must be selected from the drop-down list and the corresponding document date must be entered.*
- *The date signed must be entered in REMS in order to save the survey as complete.*

2. Click on  and the screen refreshes with the message “Survey Started.”

 *NOTE: The “Survey Started” message only displays on the initial save of your survey record.*

**OR**

Click on  and the screen refreshes with the message “Survey Record Updated-Section I.”


3. Click on  link and the **Section II Accessible Units** screen displays.

<a href="#">Current Reviewer Cover Sheet</a>	<a href="#">Section I Occupancy</a>	<a href="#">Section II Accessible Units</a>	<a href="#">Section III Program Accessibility</a>	<a href="#">Review Survey Result for Final Submission</a>				
Property ID: 800000007		Property Name: Maple Trace						
Property Address: 49320432 long address suite								
10000000000000000 Tombstone AZ USA 89999-8995								
<b>SECTION II - ACCESSIBLE UNITS</b>								
Bedroom Size	0	1	2	3	4	5	6 +	Total
1. All units	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
2. Total units with project-based rental assistance	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
3. Mobility accessible units	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
4. Vision and/or Hearing accessible units	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
5. Total Accessible Units	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
6. Number of persons on waiting list who are eligible for accessible units	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
7. Number of accessible units occupied by elderly or family tenants	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
8. Number of accessible units occupied by non-elderly tenants with disabilities who require the features of the unit	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
9. Number of accessible units occupied by elderly tenants with disabilities who require the features of the unit	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
10. Percentage of Total Units with Project-Based Rental Assistance (Total line 2 divided by Total line 1 x 100) <input type="text" value="0"/> %								
11. Percentage of Total Units that are mobility accessible (Total line 3 divided by Total line 1 x 100) <input type="text" value="0"/> %								
12. Percentage of Total Units that are vision and/or hearing accessible (Total line 4 divided by Total line 1 x 100) <input type="text" value="0"/> %								
<input type="button" value="Save Section Record"/>								


<a href="#">Current Reviewer Cover Sheet</a>	<a href="#">Section I Occupancy</a>	<a href="#">Section II Accessible Units</a>	<a href="#">Section III Program Accessibility</a>	<a href="#">Review Survey Result for Final Submission</a>
--	---	---	---	---

Figure 4. Section II Accessible Units Screen

- Enter the requested information exactly as it appears on the paper survey.

 **NOTE:** *The following rules apply to this screen:*

- *The All Units field must have an entry for a complete survey.*
- *All entries must be a number.*
- *If you enter a percentage that is inconsistent with the REMS calculation, a warning message will display. However, if your entry is identical to the entry on the paper survey, the survey data should remain. REMS will not replace entered data with the systems calculated percentage.*


5. Click on  and the screen refreshes with the message “*Survey Record Updated-Section II.*”

6. Click on  link and the **Section III Program Accessibility** screen displays.



<a href="#">Current Reviewer Cover Sheet</a>	<a href="#">Section I Occupancy</a>	<a href="#">Section II Accessible Units</a>	<a href="#">Section III Program Accessibility</a>	<a href="#">Review Survey Result for Final Submission</a>
Property ID: 800000007		Property Name: Maple Trace		
Property: 49320432 long address suite				
Address: 100000000000000000 Tombstone AZ USA 89999-8995				
<b>SECTION III - PROGRAM ACCESSIBILITY</b>				
1. Does the recipient employ at least 15 employees?				
<input type="radio"/> Yes <input checked="" type="radio"/> No				
<i>If "Yes", answer Question 2.; If "No" skip to Question 3.</i>				
2. Is at least one person designated to coordinate its Section 504 responsibilities?				
<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> N/A				
<i>If YES, provide the person's name and telephone number below.</i>				
Name: <input type="text"/> <input type="text"/> <input type="text"/> (first name)                      (mi)                      (last name)				
Telephone Number: <input type="text"/>				
Program Accessibility				
3. Has the owner/agent taken steps to ensure effective communication using:				
Qualified sign language and oral interpreters		<input type="radio"/> Yes <input checked="" type="radio"/> No	Comments: <input type="text"/>	
Readers		<input type="radio"/> Yes <input checked="" type="radio"/> No	Comments: <input type="text"/>	
Use of tapes		<input type="radio"/> Yes <input checked="" type="radio"/> No	Comments: <input type="text"/>	
Braille materials		<input type="radio"/> Yes <input checked="" type="radio"/> No	Comments: <input type="text"/>	
Other (Describe)		<input type="radio"/> Yes <input checked="" type="radio"/> No	Comments: <input type="text"/>	
<input type="button" value="Save Section Record"/>				

Figure 5. Section III Program Accessibility Screen

7. Enter the requested information exactly as it appears on the paper survey.

 **NOTE:** *The following rules apply to this screen:*

- *Follow screen instructions for questions 1 and 2.*
- *Use dashes to separate the phone number. REMS will not add any formatting.*
- *Comment fields are unlimited.*

8. Click on  and the screen refreshes with the message “*Survey Record Updated-Section III.*”
9. Click on  link and the **Multifamily Housing Inventory Survey (Survey Data)** screen displays.

Current Reviewer Cover Sheet	Section I Occupancy	Section II Accessible Units	Section III Program Accessibility	Review Survey Result for Final Submission
---------------------------------	------------------------	--------------------------------	--------------------------------------	--

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**Multifamily Housing Inventory Survey (Survey Data)**

Property ID: 800000007      Property Name: Maple Trace  
 Property: 49320432 long address suite  
 Address: 1000000000000000 Tombstone AZ USA 89999-8995

**SECTION I – OCCUPANCY**

This property was designed primarily for:  
☒ Exclusively Elderly      ☐ Exclusively Disabled      ☐ Elderly and Disabled      ☐ Family

Indicate the number of units currently occupied by client group below:

Exclusively Elderly	32	Exclusively Disabled	0
Elderly and Disabled	0	Near Elderly-Disabled	0
Family	0		

If there is a use agreement of any other document that indicates that this property must serve only elderly tenants?  
☐ Yes      ☒ No      ☐ Unknown

If Yes Specify Type of document: \_\_\_\_\_ Date of Document: \_\_\_\_\_

If this project is a "covered Section 8 housing project" (see instructions), is there an occupancy preference for the elderly in accordance with Section 651 of Title VI, Subtitle D of the Housing and Community development Act of 1992? ☐ Yes ☒ No

If yes, please indicate:  
 Date of the elderly preference: \_\_\_\_\_  
 Number of units that must be reserved for occupancy by non-elderly persons with disabilities: 0 , and  
 Date used to determine the number of units reserved for non-elderly persons with disabilities: \_\_\_\_\_

Is there an occupancy restriction for the elderly in accordance with Section 658 of Title VI, Subtitle D of the Housing and Community Development Act of 1992? ☐ Yes ☒ No

Total Number of Units Exclusively for the Elderly: 32  
 Total Number of Units Exclusively for Persons with Disabilities: 0  
 Total Number of Units that must be occupied only by Non-Elderly Persons with Disabilities: 0

Signature Name: \_\_\_\_\_ Date Signed: 10/15/2005

**SECTION II – ACCESSIBLE UNITS**

Bedroom Size	0	1	2	3	4	5	6 +	Total
1. All units	0	0	0	0	0	0	0	0
2. Total units with project-based rental assistance	0	0	0	0	0	0	0	0
3. Mobility <i>accessible</i> units	0	0	0	0	0	0	0	0
4. Vision and/or Hearing <i>accessible</i> units	0	0	0	0	0	0	0	0
5. Total Accessible Units	0	0	0	0	0	0	0	0
6. Number of persons on waiting list who are eligible for <i>accessible</i> units	0	0	0	0	0	0	0	0
7. Number of <i>accessible</i> units <i>occupied</i> by elderly or family tenants	0	0	0	0	0	0	0	0
8. Number of <i>accessible</i> units occupied by non-elderly tenants with disabilities who require the features of the unit	0	0	0	0	0	0	0	0
9. Number of <i>accessible</i> units occupied by elderly tenants with disabilities who require the features of the unit	0	0	0	0	0	0	0	0
10. Percentage of Total Units with Project-Based Rental Assistance (Total line 2 divided by Total line 1 x 100) 0%								
11. Percentage of Total Units that are mobility accessible (Total line 3 divided by Total line 1 x 100) 0%								
12. Percentage of Total Units that are vision and/or hearing accessible (Total line 4 divided by Total line 1 x 100) 0%								

**SECTION III - PROGRAM ACCESSIBILITY**

1. Does the recipient employ at least 15 employees?  
☒ Yes      ☐ No  
*If "Yes", answer Question 2.; If "No" skip to Question 3.*

2. Is at least one person designated to coordinate its Section 504 responsibilities?  
☒ Yes      ☐ No      ☐ N/A  
*If YES, provide the person's name and telephone number below.*  
 Name: John K Doe  
 Telephone Number: 314-785-9658

Program Accessibility

3. Has the owner/agent taken steps to ensure effective communication using:


Qualified sign language and oral interpreters	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Comments:
Readers	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Comments:
Use of tapes	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Comments:
Braille materials	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Comments:
Other (Describe)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Comments:

[Save Complete Record](#)


Current Reviewer Cover Sheet	Section I Occupancy	Section II Accessible Units	Section III Program Accessibility	Review Survey Result for Final Submission
---------------------------------	------------------------	--------------------------------	--------------------------------------	--


Figure 6. Multifamily Housing Inventory Survey (Survey Data) Screen

10. Review the entered data and compare it to the paper survey.

 **NOTE:** The following rules apply to this screen:

- Any necessary changes must be made on the input screens. This screen is view only.

11. Click on  and the screen refreshes with the message “Survey Completed.”

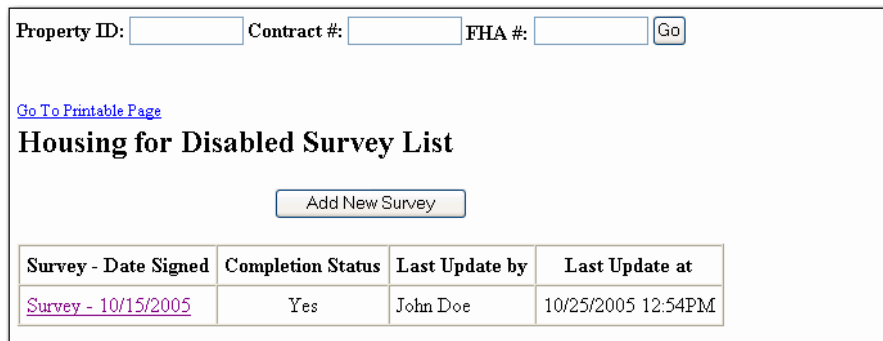
 **Note:** If you are unable to save the survey record, a pop-up message will display indicating where required information is missing. Required information must be entered in order to save a survey record. If your paper survey is missing the required information, that information must be obtained from the person completing the survey.

**OR**

Click on one of the data entry links and enter the requested information.

**To view an existing survey record:**

1. From the **Housing for Disabled Survey List** screen, click on *Survey-Date Signed* link and the **Multifamily Housing Inventory Survey (Survey Data)** screen displays.



Survey - Date Signed	Completion Status	Last Update by	Last Update at
<a href="#">Survey - 10/15/2005</a>	Yes	John Doe	10/25/2005 12:54PM

**Figure 7. Housing for Disabled Survey List Screen (with complete survey).**

2. View survey.



## 22.2 Field Name Definitions

Definitions are provided for every field within and associated with the Housing for Disabled Survey screen. The tables are shown in alphabetical order for ease of use. If you are working in the screen and find that you are unfamiliar with a field label or are not sure of its intended use, look at the chart below for the field name and associated definition.

Data Element	Description
<i>A</i>	
Address of Owner/ General Partner:	This field displays the address of the owner
Address of Management Agent:	This field displays the address of the Management Agent.
All units	Total number of units.
<i>B</i>	
Braille Materials	Yes/ No check boxes where Recipient indicates whether or not steps have been taken to ensure effective communications using Braille Material.
<i>C</i>	
Comments	<p><b>Qualified sign language and oral interpreters</b> Text area that provides the Recipient a place for comments regarding usage of Qualified sign language and oral interpreters</p> <p><b>Readers</b> Text area that provides the Recipient a place for comments regarding usage of Readers</p> <p><b>Use of Tapes</b> Text area that provides the Recipient a place for comments regarding usage of: Use of Tapes.</p> <p><b>Braille Materials</b> Text area that provides the Recipient a place for comments regarding usage of Braille Material.</p> <p><b>Other (Describe)</b> Text area that provides the Recipient a place for comments regarding usage of Other.</p>
<i>D</i>	
Date of First Occupancy:	This field displays the date of initial occupancy.
Date of Document	Date of the specific document or use agreement referred to in preference document type.
Date of the elderly preference	The date of the elderly preference.

Data Element	Description
Date used to determine the number of units reserved for non-elderly persons with disabilities:	The date used to determine the number of units reserved for non-elderly persons with disabilities.
Date Signed:	Date Section I is signed by the Owner or the Agent
Does the recipient employ at least 15 employees?	Yes/ No check box to indicate if the Recipient's number of employees is greater than fifteen.
<i>E</i>	
Exclusively Elderly	Indicates that the property was designed primarily for Exclusively Elderly
Exclusively Disabled	Indicates that the property was designed primarily for Exclusively Disabled.
Elderly and Disabled	Indicates that the property was designed primarily for Elderly and Disabled.
<i>F</i>	
Family	Indicates that the property was designed primarily for Family.
<i>I</i>	
Indicate the number of units currently occupied by client group below:	Your Choices are <b>Exclusively Elderly</b> - Indicates the number of units currently occupied by Exclusively Elderly, <b>Exclusively Disabled</b> - Indicates the number of units currently occupied by persons Exclusively Disabled, <b>Elderly and Disabled</b> - Indicates the number of units currently occupied by Elderly and Disabled, <b>Nearly Elderly-Disabled</b> - Indicates the number of units currently occupied by Near Elderly-Disabled, and <b>Family</b> - Indicates the number of units currently occupied by families.
If Yes Specify Type of Document	A code defined in a preference document type reference table.

Data Element	Description
If this project is a "covered Section 8 housing project" (see instructions), is there an occupancy preference for the elderly in accordance with Section 651 of Title VI, Subtitle D of the Housing and Community development Act of 1992?	Yes/No check box to indicate if the property has an occupancy preference for the elderly in accordance with Section 651 of Title VI Subtitle D of the Housing and Community Development Act of 1992.
Is there a use agreement of any other document that indicates that this property must serve only elderly tenants?	Yes/No/Unknown to indicate if there is a use agreement or any other document that requires the property to give preference to elderly tenants.
Is there an occupancy restriction for the elderly in accordance with Section 658 of Title VI, Subtitle D of the Housing and Community Development Act of 1992?	Yes/No check box to indicate if there is an occupancy restriction for the elderly in accordance with Section 658 of Title VI, Subtitle D of the Housing and Community Development Act of 1992.
Is at least one person designated to coordinate its Section 504 responsibilities?	Indicates whether or not a particular person is designated to coordinate its Section 504 responsibilities for the particular property.
<i>L</i>	
(last name)	Conditional required field - last name of assigned person.
<i>M</i>	
Mobility accessible units	Number of mobility accessible units.
(mi)	Conditional required field - middle initial of assigned person.

Data Element	Description
<i>N</i>	
Name: (first name)	Conditional required field - first name of assigned person.
Name of Management Agent	This field displays the name of the Management Agent
Name of Owner/ General Partner	This field displays the name of the owner.
Number of Units of Each Type/Size:	The total number of units in a property with a specific number of bedrooms.
Number of units that must be reserved for occupancy by non-elderly persons with disabilities:	The number of units that must be reserved for occupancy by non-elderly persons with disabilities.
Number of persons on waiting list who are eligible for accessible units	Number of persons on waiting list who are eligible for accessible units.
Number of accessible units occupied by elderly or family tenants	Number of accessible units occupied by elderly or family tenants.
Number of accessible units occupied by non-elderly tenants with disabilities who require the features of the unit	Number of accessible units occupied by non-elderly tenants with disabilities who require the features of the unit.
Number of accessible units occupied by elderly tenants with disabilities who require the features of the unit	Number of accessible units occupied by elderly tenants with disabilities who require the features of the unit.
<i>O</i>	
Other (Describe)	Yes/ No check boxes where Recipient indicates whether or not steps have been taken to ensure effective communications using other
<i>P</i>	

Data Element	Description
Property Address	<p><b>Housing for Disabled Survey-P1</b> This field displays the current property address.</p> <p><b>Housing for Disabled Survey-P2</b> This field displays the current property address.</p> <p><b>Housing for Disabled Survey-P3</b> This field displays the current property address.</p>
Property ID	<p><b>Housing for Disabled Survey-P1</b> This field displays the Property ID of the property selected for further inquiry</p> <p><b>Housing for Disabled Survey-P2</b> This field displays the Property ID of the property selected for further inquiry.</p> <p><b>Housing for Disabled Survey-P3</b> This field displays the Property ID of the property selected for further inquiry.</p>
Property Name	<p><b>Housing for Disabled Survey-P1</b> This field displays the current property name.</p> <p><b>Housing for Disabled Survey-P2</b> This field displays the current property name.</p> <p><b>Housing for Disabled Survey-P3</b> This field displays the current property name.</p>
Percentage of Total Units with Project-Based Rental Assistance. (Total line 2 divided by Total line 1 x 100)	Percentage of Total Units to Units with Project Based Rental Assistance. (Total of units with project based rental assistance divided by All Units.)
Percentage of Total Units that are mobility accessible. (Total line 3 divided by Total line 1 x 100)	Percentage of Total Units to Units that are Mobility Accessible. (Total of units that are Mobility Accessible divided by All Units.)
Percentage of Total Units that are vision and/or hearing accessible. (Total line 4 divided by Total line 1 x 100)	Percentage of Total Units to Units that are vision and/or hearing accessible. (Total of units that are vision and/or hearing accessible divided by All Units.)
Q	

Data Element	Description
Qualified sign language and oral interpreters	Yes/ No check box where Recipient indicates whether or not steps have been taken to ensure effective communications using: Qualified sign language and oral interpreters.
<i>R</i>	
Residents Manager's unit:	
Reviewed by	
Reviewer	The selections are: Housing, PBCA, CA
Date	
Readers	Yes/ No check box where Recipient indicates whether or not steps have been taken to ensure effective communications using Readers.
Phone	
<i>S</i>	
504 Service Coordinator by Property	
<i>T</i>	
Total Accessible Units	Total number of accessible units.
This property was designed primarily for:	The selections are: Exclusively Elderly, Exclusively Disabled, Elderly and Disabled, Family
Total Number of Units:	The total number of dwelling units in the property.
Total Assisted Units:	The total number of units in the property that receive deep subsidy from a Section 8 contract that has a status of Active or Suspend.
Type of Federal Financial Assistance	The options are: Section 8, Section 202, Section 202/8, Section 202/PAC, Section 811, Section 221(d)(3)BMIR, Section 236
Total Number of Units Exclusively for the Elderly:	This is the total number of units exclusively for the Elderly.
Total Number of Units Exclusively for Persons with Disabilities:	This is the total number of units exclusively for Persons with Disabilities.

Data Element	Description
Total Number of Units that must be occupied only by Non-Elderly Persons with Disabilities:	This is the total number of units that must be occupied only by Non-Elderly Persons with Disabilities
Total units with project-based rental assistance	Total units with project-based rental assistance
Telephone Number	Conditional required field - telephone number of assigned person.
<i>U</i>	
Use of Tapes	Yes/ No check box where Recipient indicates whether or not steps have been taken to ensure effective communications using Use of Tapes
<i>V</i>	
Vision and/or Hearing accessible units	Number of vision and/or hearing accessible units.

## 22.3 Drop-down Lists

The charts below list the option for each drop-down list associated with the **Housing for Disabled Survey** screen.

<i>Field</i>	<i>Options</i>
<b>HOUSING FOR DISABLED SURVEY</b>	
Specify Type of Document	Application for Funding Application for Mortgage Ins. Bid Invitation Financial Documents HAP Contract Loan Commitment Papers Owner Management Plan Regulatory Agreement User Agreement Other



**Notes:**